

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	COURT CASE NUMBER	
Jerome Allen James	08C1019	
DEFENDANT	TYPE OF PROCESS	
Michael Sheahan	S/C	
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN	
→	Ollie Gavin, Correctional Officer, Division 5, 3 to 11 shift	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	
AT	CCJ, C/O Legal Dept. 2700 S. California Ave., 2nd. Flr. Div.5, Chicago, IL 60608	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		
<input type="checkbox"/> Jerome Allen James, B-68976 Stateville-STV P.O. Box 112 Joliet, IL 60434		Number of process to be served with this Form - 285
		1
		Number of parties to be served in this case
		11
		Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

FILEDfold**APR 22 2008 APR 22 2008 PH**MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		04-02-08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Td	Date
9 of 11	No. 24	No. 24				04-02-08

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	RONNA FARNANDIS <i>LEGAL OFFICER DEPT.</i>		<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service	Time	am
	4/16/08	1300	pm
	Signature of U.S. Marshal or Deputy		

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
One Service Fee Charged Same case + Certification						

REMARKS: **I DUSM, 1 Hour, 16 MILES** *See fixed sheet #2 for charges.*